

The State of Oral Health and The Status of Mobile Stomatological Dentures Under the Conditions of Armed Aggression in The Period 1992-1995, Experiences from The Faculty of Dental Medicine in Sarajevo

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Received Date: February 24, 2025 | **Accepted Date:** March 07, 2025 | **Published Date:** March 18, 2025

Citation: Redzepagic Sead, Berhamovic Emir, Redzepagic V. Lejla, (2025), The state of oral health and the status of mobile stomatological dentures under the conditions of armed aggression in the period 1992-1995, experiences from the Faculty of Dental Medicine in Sarajevo, *International Journal of Clinical Case Reports and Reviews*, 24(2); DOI:10.31579/2690-4861/677

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Abstract:

The international armed conflict took place between 1992 and 1995 in Bosnia and Herzegovina.

The authors, as inhabitants, spent four years, at the time of war, in Sarajevo, the capital of Bosnia and Herzegovina. They witnessed the influence of war and belligerency on oral health condition and the fractures of removable dental prostheses.

This paper presents recorded observations.

Key words: war conflict; oral health; removable dental prostheses

Aim of the work:

The aim of the work is to show aetiological factors leading to mobile prosthesis fractures under the conditions of modern aggression, based on the experiences from Sarajevo.

Materials and Methodes

The results outlined in the thesis have arisen from reports with patients.

Based on their own experience, the authors carried out aggression in Sarajevo.

They listened, asked, talked to the patients and recorded.

From these findings came the presented results

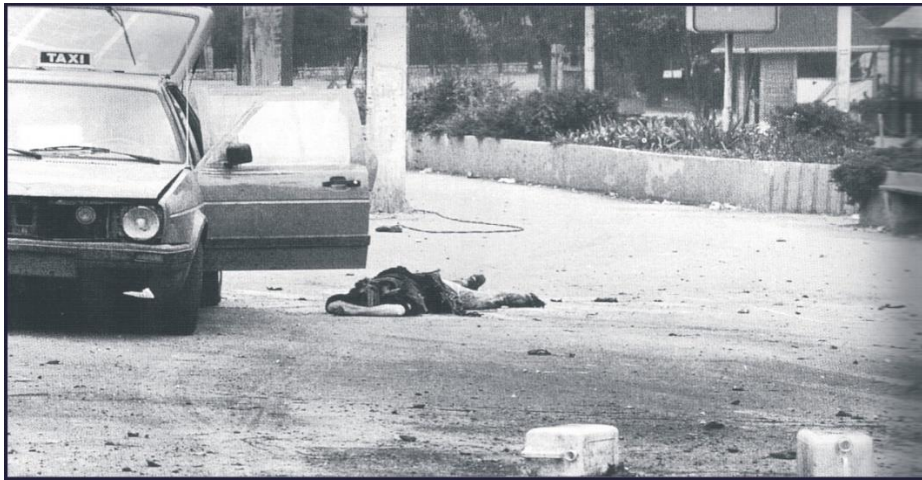
Results:

1. Trismus of the masticating muscle system with the maximal interocclusal pressure caused by expecting the mortal and destructive bomb explosion.

The inhabitants of Sarajevo lived 1250 days in cellars or in the ruins of their destructed houses.

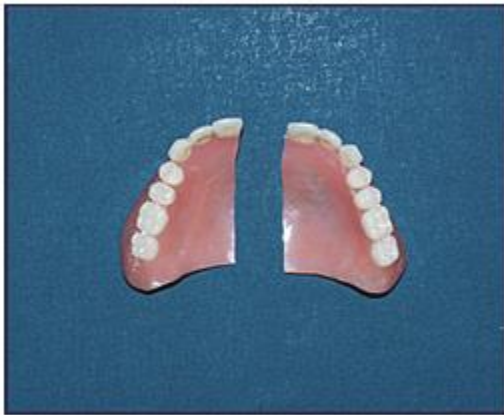
The inhabitants of Sarajevo were hit by 3 000 000 shells containing the unknown number of bullets and poisons.

Each explosion caused the maximal uncontrolled contraction of the masticating muscle system with the consequent maximal interocclusal pressure (picture: 1.).



Picture: 1

The results of such condition were fractures of the mobile prosthesis (picture 2.,3.)



Picture: 2



Picture :3

2. Disproportion of the mobile prosthesis size with the toothless alveolar ridge, caused by the patient's maximal loss of weight in the short period.

The inhabitants of Sarajevo were deprived of all kinds of food continuously and without their consent.

In Sarajevo there was not food, water and energy for cooking (picture 4).



Picture: 4

The average loss of weight in the mature population was about 18 kg (15-32 kg) in the period april 1992-april 1993.

The result of the loss of weight was continuous loss in volume of the alveolar bone and mucous membrane.

The existing prosthesis became inadequate.

The result of such condition was a fracture of the mobile prosthesis.

3. Inadequate diet related to the kind and solidity of food

The lack of food and water was the main goal of an aggressor, causing the physical destruction or surrender of the inhabitants who were defending themselves.

People in Sarajevo ate only the food they were able to find and that was most often nothing.

The food could not be bought, because there was not any food.

The choice of food was: pasta, boiled in water and hard stale bread adhesive or hard food, among other aetiological factors, caused the mobile prosthesis fractures.

4. Parafunctional occlusal movements of psycho-genetic nature

In Sarajevo, at the time of aggression, all inhabitants were beyond the scale "normal", according to the psycho-medical criteria.

United factors of aggression: constant existence of death, hunger, thirst, fear, hopelessness, weakness and wounding caused complete distortion of the inhabitants' psyche.

The results of such condition are parafunctional movements leading to partial prosthesis fractures.

Impossibility of the adequate care for the existing prosthesis due to the care for survival.

Under the conditions of modern aggression, destruction is a dominating factor.

The result of destruction is a great number of wounded, killed and amputated.

Out of 150 000 inhabitants, who spent the war in Sarajevo, 12 000 were killed and 56 000 wounded during the war.

The care for the dental prosthesis lost the priority over the care for the survival

Before the conclusion:

The school of dentistry in Sarajevo, was until 1992, the best in balkans as far as the construction and equipment is concerned. It was among the best in Europe.

It had 32 complete posts for education at all levels.

It had complete, modern equipment for the prosthetic laboratory, research center, x-raycheks.

During the aggression, the school of dentistry was hit by several shells (picture: 5.).



Picture: 5

All windows of the building were broken, the roof was destroyed, as well as the surgeries and a major part of the equipment.

During the aggression the mechanical machine from the museum was mainly used.

Conclusions:

Modern aggression was the main reason of the mobile prosthesis fractures.

The dominating factors, leading to fractures of the mobile dental prosthesis are: trismus of the masticating muscle system, maximal loss in volume of the alveolar bone and mucous membrane, disproportion of the mobile prosthesis with the supporting alveolar ridge, parafunctional teeth

movements of psycho-genetic nature, inadequate diet, impossibility of the adequate care for the existing prosthesis.

Modern aggression deprives the dentist of the possibility to apply any and especially not the adequate prosthetic therapy.

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DOI:10.31579/2690-4861/677

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